#### FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

SEC	USE O	NLY
Prefix		Serial
DA	TE RECEIV.	ED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  FP Group, Ltd.	RECEIVED
Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE / S
Type of Filing: New Filing Amendment	C DEC 2 9 2004
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	195 40
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
FP Group, Ltd.	852-2409-2366
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Unit 15, 7/F Elite Industrial Centre, No. 883 Cheung Sha	Wan Road, Kowloon, Hong, Kong
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Printing	50 m
Type of Business Organization	PROCESSED
	JAN 06 2005
Month Year  Actual or Estimated Date of Incorporation or Organization: 05 96 X Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	ETO PINANCIAL

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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| A. BASIC IDENTIFICATION DATA                                                                                    |                  | Saturda a fo                          |                             |             |
|-----------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------|-----------------------------|-------------|
| 2. Enter the information requested for the following:                                                           |                  |                                       |                             |             |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>   |                  |                                       |                             |             |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of,                | , 10% or more of | a class of ea                         | puity securities of the     | issuer.     |
| <ul> <li>Each executive officer and director of corporate issuers and of corporate general and manag</li> </ul> | ing partners of  | partnership                           | issuers; and                |             |
| Each general and managing partner of partnership issuers.                                                       |                  |                                       |                             |             |
| Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer                                       | X Director       |                                       | ral and/or<br>aging Partner |             |
| Full Name (Last name first, if individual)                                                                      |                  |                                       |                             |             |
| Wong Kai Tung, aka Leo Wong                                                                                     |                  |                                       |                             |             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                        |                  |                                       |                             |             |
| Unit 15, 7/F, Elite Industrial Centre, No. 883 Cheung                                                           | Sha Wan          | Rd., K                                | owloon, Hong                | g Kong      |
| Check Box(es) that Apply: Promoter A Beneficial Owner Executive Officer                                         | Director         |                                       | al and/or<br>aging Partner  |             |
| Full Name (Last name first, if individual)                                                                      |                  |                                       |                             |             |
| Cho Chun Wai (Peter)                                                                                            |                  |                                       |                             |             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                        |                  |                                       |                             |             |
| Same                                                                                                            |                  |                                       |                             |             |
| Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer X                                       | Director         | $\Box$                                | il and/or<br>ging Partner   | <del></del> |
| Full Name (Last name first, if individual)                                                                      |                  |                                       |                             |             |
| Wong Kwok Biu                                                                                                   |                  |                                       |                             |             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                        |                  |                                       |                             | <del></del> |
| Same                                                                                                            |                  |                                       |                             |             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer                                           | ] Director       | . ب                                   | l and/or<br>ging Partner    | <del></del> |
| Full Name (Last name first, if individual)                                                                      |                  |                                       |                             | ·····       |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                        |                  | · · · · · · · · · · · · · · · · · · · |                             |             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer                                           | Director [       |                                       | and/or<br>ring Partner      |             |
| Full Name (Last name first, if individual)                                                                      |                  |                                       |                             |             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                        |                  | · · · · · · · · · · · · · · · · · · · |                             |             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer                                           | Director [       | General<br>Manag                      | and/or<br>ing Partner       |             |
| Full Name (Last name first, if individual)                                                                      |                  |                                       |                             | <del></del> |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                        | ·                | <u></u>                               |                             |             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer                                           | Director [       | General<br>Managi                     | and/or<br>ng Partner        |             |
| Full Name (Last name first, if individual)                                                                      |                  |                                       |                             |             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                        |                  |                                       |                             | _           |

|                            |                                                 |                                            |                                           | В.                                           | INFORMA                      | ATION AB                                   | OUT OFFE                                   | RING                                         |                                         |                                                  |                | County of the second |
|----------------------------|-------------------------------------------------|--------------------------------------------|-------------------------------------------|----------------------------------------------|------------------------------|--------------------------------------------|--------------------------------------------|----------------------------------------------|-----------------------------------------|--------------------------------------------------|----------------|----------------------|
| 1. Has t                   | he issuer so                                    | old or does                                | the issues                                | intend to                                    | sell, to nor                 | -accredite                                 | d investors                                | in this off                                  | ering?                                  | ***************************************          | Yes            | No<br>E              |
| 1. 1145 t.                 | 10 105 <b>00</b> 1 Be                           | ,, or acc.                                 |                                           |                                              | in Append                    |                                            |                                            |                                              | _                                       | ***************************************          | •• السا        | Editor!              |
| 2. What                    | is the mini                                     | mum inves                                  | tment that                                | will be ac                                   | cepted fron                  | n any indiv                                | vidual?                                    | ····                                         | •••••••                                 | ***************************************          | \$_N           | one                  |
| 2 5                        | .1                                              | ., .                                       | •                                         | n e e e                                      | 1                            |                                            |                                            |                                              |                                         |                                                  | Yes            | No                   |
|                            |                                                 |                                            |                                           |                                              |                              |                                            |                                            |                                              |                                         | ndirectly, an                                    | -              | X                    |
| comm<br>If a pe<br>or stat | ission or sin<br>rson to be l<br>es, list the r | nilar remu<br>isted is an a<br>name of the | neration for<br>associated p<br>broker or | r solicitatio<br>person or a<br>dealer. If r | on of purcha<br>gent of a br | isers in con<br>oker or dea<br>ve (5) pers | nection wi<br>ler register<br>ons to be li | th sales of s<br>ed with the<br>sted are ass | ecurities in<br>SEC and/                | nthe offering<br>or with a star<br>ersons of suc | g.<br>:e       |                      |
| Full Name                  | (Last name                                      | first, if in                               | dividual)                                 |                                              |                              |                                            |                                            |                                              |                                         |                                                  |                |                      |
| Business of                | Residence                                       | Address (                                  | Number an                                 | nd Street, (                                 | City, State,                 | Zip Code)                                  |                                            |                                              | _                                       |                                                  |                |                      |
| Name of A                  | ssociated B                                     | roker or D                                 | ealer                                     |                                              |                              |                                            | <del></del>                                | ·                                            |                                         |                                                  |                |                      |
| States in W                | hich Person                                     | n Listed H                                 | as Solicited                              | or Intend                                    | s to Solicit                 | Purchaser                                  | S                                          |                                              | <u> </u>                                |                                                  |                |                      |
| (Check                     | "All State                                      | s" or checl                                | c individuz                               | l States)                                    |                              |                                            |                                            | •••••                                        | *************************************** | •••••                                            | A              | ll States            |
| AL                         | AK                                              | AZ                                         | AR                                        | CA                                           | CO                           | CT                                         | DE                                         | DC                                           | FL                                      | GA                                               | HI             |                      |
| IL                         | IN                                              | IA                                         | KS                                        | KY                                           | LA                           | ME                                         | MD                                         | MA                                           | MI                                      | MN                                               | MS             | MO                   |
| MT<br>RI                   | NE<br>SC                                        | NV<br>SD                                   | NH<br>TN                                  | NJ<br>TX                                     | NM<br>UT                     | NY<br>VT                                   | NC<br>VA                                   | ND<br>WA                                     | OH<br>WV                                | OK.<br>WI                                        | OR<br>WY       | PA<br>PR             |
|                            | <u> </u>                                        | <u> </u>                                   | [21]                                      |                                              |                              | <u> </u>                                   |                                            |                                              |                                         | [ [ [ [ ] ]                                      |                | <u> </u>             |
| Full Name (                | Last name                                       | first, if ind                              | lividual)                                 |                                              |                              |                                            |                                            |                                              |                                         |                                                  |                |                      |
| Business or                | Residence                                       | Address (                                  | Number ar                                 | d Street, C                                  | City, State,                 | Zip Code)                                  |                                            |                                              |                                         |                                                  |                |                      |
| Name of As                 | naciotad De                                     | okar ar De                                 | ooler.                                    |                                              |                              |                                            |                                            |                                              |                                         |                                                  |                |                      |
| Name of As                 | SUCIALEU DI                                     | OKCI OI DE                                 | -41C1                                     |                                              |                              |                                            |                                            |                                              |                                         | _                                                |                |                      |
| States in W                |                                                 |                                            |                                           |                                              |                              |                                            |                                            |                                              |                                         |                                                  |                |                      |
| (Check                     | "All States                                     | or check                                   | individual                                | States)                                      | •••••                        |                                            |                                            |                                              | •••••                                   | ••••••                                           | Al             | l States             |
| AĹ                         | AK                                              | AZ                                         | AR                                        | ĈA                                           | CO                           | CT                                         | DE                                         | DC                                           | FL                                      | GA                                               | HI             | ID                   |
| IL<br>MT                   | IN<br>NE                                        | IA<br>NV                                   | KS<br>NH                                  | KY<br>NJ                                     | LA<br>NM                     | ME<br>NY                                   | MD<br>NC                                   | MA<br>ND                                     | MI<br>OH                                | MN<br>OK                                         | OR.            | MO<br>PA             |
| RI                         | SC                                              | SD                                         | TN                                        | TX                                           | UT                           | VT                                         | VA                                         | WA                                           | WV                                      | WI                                               | WY             | PR                   |
| Full Name (                | Last name                                       | first, if ind                              | ividual)                                  |                                              |                              |                                            |                                            |                                              | -                                       |                                                  |                |                      |
|                            |                                                 |                                            |                                           |                                              |                              |                                            |                                            | <del></del> -                                | · · · · · · · · · · · · · · · · · ·     |                                                  |                |                      |
| Business or                | Residence                                       | Address (1                                 | Number an                                 | d Street, C                                  | ity, State, 2                | Zip Code)                                  |                                            |                                              |                                         |                                                  |                |                      |
| Name of Ass                | sociated Br                                     | oker or De                                 | aler                                      |                                              |                              |                                            |                                            |                                              |                                         |                                                  | ·              |                      |
| States in Wh               | ich Person                                      | Listed Has                                 | Solicited                                 | or Intends                                   | to Solicit F                 | urchasers                                  | <u> </u>                                   |                                              |                                         |                                                  |                |                      |
| (Check                     | "All States"                                    | or check                                   | individual                                | States)                                      |                              |                                            |                                            |                                              | •                                       | •••••••                                          | ☐ All          | States               |
| AL<br>IL<br>MT             | AK<br>IN<br>NE                                  | IA<br>NV                                   | AR<br>KS<br>NH                            | CA<br>KY<br>NJ                               | CO<br>LA<br>NM               | CT<br>ME<br>NY                             | DE<br>MD<br>NC                             | DC<br>MA<br>ND                               | FL<br>MI<br>OH                          | MN                                               | HI<br>MS<br>OR | ID<br>MO             |
| RI                         | SC                                              | SD                                         | TN                                        | TX                                           | UT                           | VT                                         | VA                                         | WA                                           | WV                                      |                                                  | WY             | PA<br>PR             |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C-OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1  | Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.                                                        | k     |                            |            |                                        |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|------------|----------------------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                       |       | Aggregate<br>ffering Price | I          | Amount Already<br>Sold                 |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                   | \$    | •                          | \$         |                                        |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                 |       |                            |            | 32,000                                 |
|    | [¾ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                  |       |                            |            |                                        |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                            | \$    |                            | \$_        |                                        |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                  |       |                            |            |                                        |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                        |       |                            |            |                                        |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |       |                            |            |                                        |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               | -     |                            | •          | , ,                                    |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | ì     | Vumber                     | _          | Aggregate<br>Pollar Amount             |
|    |                                                                                                                                                                                                                                                                                                                                                                                        |       | nvestors                   |            | of Purchases                           |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                   |       |                            | \$_        | 32,000                                 |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                               |       |                            | \$_        | ······································ |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                | 0     | _1                         | \$.        | 32,000                                 |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |       |                            |            |                                        |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.                                                             |       |                            |            |                                        |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                       | Se    | ype of<br>ecurity          | D          | ollar Amount<br>Sold                   |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                               |       |                            | \$_        |                                        |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                           |       |                            | \$_        |                                        |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                               |       |                            | \$_        |                                        |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |       |                            | \$         | 0.00                                   |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |       |                            |            |                                        |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                  |       |                            | \$         |                                        |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                           |       |                            | \$         |                                        |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                             |       |                            | \$         |                                        |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                        | ••••• |                            |            |                                        |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                       | ••••• |                            | \$         |                                        |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                   | ••••• |                            | \$         |                                        |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                              |       |                            | \$ <u></u> |                                        |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |       |                            | 9          | 0                                      |

| b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payment Office Director Affilia  Salaries and fees — \$  Purchase, rental or leasing and installation of machinery and equipment — \$  Construction or leasing of plant buildings and facilities — \$  Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) — \$  Repayment of indebtedness — \$  Other (specify): — \$  Column Totals — \$  Total Payments Listed (column totals added) — \$  Distributive Signatures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payment Office Director Affilia  Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0.00                                                      |
| Offfice Director Affilia  Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |
| Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ers,<br>rs, & Payments to                                   |
| Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |
| Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |
| and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify):  S  Column Totals  Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |
| offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify):  S  Column Totals  Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | [ \$                                                        |
| Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>┌</b> ┐ <b>¢</b>                                         |
| Working capital \$  Other (specify): \$  Column Totals \$  Total Payments Listed (column totals added) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |
| Other (specify):\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |
| Column Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |
| Column Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | U*                                                          |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$_32,000                                                   |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                                 |
| D. DE DURAUGUS HOLDEN AND THE DESCRIPTION OF THE PROPERTY OF T |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed und signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | er Rule 505, the following<br>written request of its staff, |
| Issuer (Print or Type) Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |
| FP Group, Ltd. 12-16-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 04                                                          |
| Name of Signer (Print or Type)  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |
| Wong Kai Tung CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |
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ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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|            |                                                                                         | E STATESIGNATURE                                                                                                                                    |                           |                    |                            |
| I.         | Is any party described in 17 CFR 230.262 p<br>provisions of such rule?                  | resently subject to any of the disqualification                                                                                                     | 1                         | Yes                | No<br>X                    |
|            | Sea                                                                                     | Appendix, Column 5, for state response.                                                                                                             |                           |                    |                            |
| 2.         | The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as require | furnish to any state administrator of any state is<br>ed by state law.                                                                              | n which this notice is fi | led a not          | ice on Form                |
| 3.         | The undersigned issuer hereby undertakes to issuer to offerees.                         | furnish to the state administrators, upon wri                                                                                                       | tten request, informati   | on furni           | shed by the                |
|            | limited Offering Exemption (ULOE) of the st                                             | suer is familiar with the conditions that must<br>ate in which this notice is filed and understan<br>ing that these conditions have been satisfied. | ds that the issuer claim  | tled to the        | ie Uniform<br>availability |
|            | r has read this notification and knows the conta<br>orized person.                      | ents to be true and has duly caused this notice to                                                                                                  | be signed on its behalf   | by the w           | ndersigned                 |
| ssuer (Pr  | int or Type)                                                                            | Signature                                                                                                                                           | Date                      |                    |                            |
| FP (       | Group, Ltd.                                                                             | 9                                                                                                                                                   | 12-16-04                  |                    |                            |
| Jame (Pri  | int or Type)                                                                            | Title (Print or Type)                                                                                                                               |                           |                    |                            |

CEO

Wong Kai Tung

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       | 7.41                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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|       |          |                                                     |                                                                                | AI                                    | PENDIX   |                                                           |        |                                              |                                                                   |
|-------|----------|-----------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------|----------|-----------------------------------------------------------|--------|----------------------------------------------|-------------------------------------------------------------------|
| 1     | to non-a | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                       | amount p | 4<br>of investor and<br>urchased in State<br>rt C-Item 2) |        | Disqu<br>under S<br>(if ye<br>expla<br>waive | 5 alification state ULOE s, attach nation of r granted) 3-Item 1) |
| State | Yes      | No                                                  |                                                                                | Number of<br>Accredited<br>Investors  | Amount   | Number of<br>Non-Accredited<br>Investors                  | Amount | Yes                                          | No                                                                |
| МО    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
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| OR    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
| PA    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
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| SD    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
| TN    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
| TX    |          | Х                                                   | Common up to \$1,000,000                                                       | 1                                     | \$32,000 | 0                                                         | 0      |                                              | X                                                                 |
| UT    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
| VT    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
| VA    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
| WA    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
| wv    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
| WI    |          |                                                     |                                                                                |                                       |          |                                                           |        |                                              |                                                                   |
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| ,     |          |                                                     | 2                                                                              | APP                                                            | ENDIX  |                                              |        |     |             |  |                           |  |                                         |                                                                        |
|-------|----------|-----------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|--------|----------------------------------------------|--------|-----|-------------|--|---------------------------|--|-----------------------------------------|------------------------------------------------------------------------|
| 1     | to non-a | d to sell<br>accredited<br>es in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |        | amount purchased in State<br>(Part C-Item 2) |        |     |             |  | amount purchased in State |  | under St<br>(if yes<br>explan<br>waiver | lification<br>ate ULOE<br>, attach<br>ation of<br>granted)<br>-Item 1) |
| State | Yes      | No                                                  |                                                                                | Number of<br>Accredited<br>Investors                           | Amount | Number of<br>Non-Accredited<br>Investors     | Amount | Yes | No          |  |                           |  |                                         |                                                                        |
| WY    |          |                                                     |                                                                                |                                                                |        |                                              |        |     | A. Traverne |  |                           |  |                                         |                                                                        |
| PR    |          |                                                     |                                                                                |                                                                |        |                                              |        |     |             |  |                           |  |                                         |                                                                        |